## **FISCAL NOTE**

STATE OF	ALASKA				Fiscal Note N	lumber:		
2009 LEGISLATIVE SESSION					Bill Version:		HB222	
					() Publish Da	te:		
						•		
Identifier (file name): HB222-DHSS-BHMS-04-11-09					Dept. Affected: Health & Social Services			
Title Medical Insurance Eligibility Nondiscrimination					RDU Behavioral Health Services			
					Component	Behavioral H	ealth Medicaid	Services
Sponsor	Sponsor Holmes							
Requester	House L&C				Component Number 2660			
Expenditures					isands of Do	llars)		
Note: Amounts	do not include inflation unless otherwise noted below.  Appropriation							
	Required			Information				
OPERATING F	EXPENDITURES	FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Personal Servi		1 1 2010	1 1 2010	112011	1 1 2012	1 1 2010	112014	11 2010
Travel	000							
Contractual								
Supplies								
Equipment								
Land & Structu	res							
Grants & Claim	าร	0.0		0.0	0.0	0.0	0.0	0.0
Miscellaneous								
TOTAL	OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CARITAL EVE	ENDITUDEO	1			1	1		
CAPITAL EXP	ENDITURES				<u>l</u>			
CHANGE IN R	EVENUES (	1						
		4			1	<u> </u>		
<b>FUND SOURC</b>	E			(Tho	usands of Doll	ars)		
1002 Federal F	Receipts	0.0		0.0	0.0	0.0	0.0	0.0
1003 GF Match	า	0.0		0.0	0.0	0.0	0.0	0.0
1004 GF								
1005 GF/Progr								
1037 GF/Menta								
Other Interage								
Т	OTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estimate of an	ny current year (FY	(2000) acatı						
Estilliate of al	iy current year (F i	2009) COSt.			-			
POSITIONS								
Full-time								
Part-time								
Temporary								
ANALYSIS:	(Attach a separate pa	age if necessary)						
This bill will		acced costs to	tha Madiaia	.:	1+ 00  d 40.d	uso Madiasi	d banafit aa	ata bu
	not result in incr							
• .	private insurance	_	-			_		
	iring medically ne	•		_	•			
an employe	e to request cove	erage under a g	roup health	insurance p	olan within 6	0 days if the	employee o	ra
dependent	loses medical ass	istance coverag	ge or becom	nes eligible f	or medical a	ssistance. T	he costs avoi	ded are
-	ate but are likely t		_	_				
health insu	-							
Treater moai	i di i ce.							
L								
Prepared by:	William J. Streur, D	Deputy Commiss	ioner			Phone	907-334-2520	)
Division	Health Care Service						4/11/09 12:00	
						-		
Approved by:	Alison Elgee, Assis					Date	4/11/2009	
	DHSS Finance and	ต เงเลทagement S	ervices					

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